



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Norio KOMA

Serial No: 09/721,056

Filed: November 22, 2000

For: LIQUID CRYSTAL DISPLAY

Art Unit: 2877

Examiner: Lee, Hwa S.

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that this paper and every paper referred to herein is being transmitted via facsimile to recipient at (703) 872-9318 on:

October 14, 2003

Date of Facsimile Transmission

John P. Scherlacher, Reg. No. 23,009

Name

John P. Scherlacher 10/14/03

Signature

Date

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Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P. O. Box 1450,
 Alexandria, VA 22313-1450 on

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John P. Scherlacher 10/14/03

Signature

Date

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	56	-20	56	**	0	LG=\$18 SM=\$9	18	\$ 0
INDEPENDENT CLAIMS FEE	12	-3	12	***	0	LG=\$84 SM=\$42	84	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0	
						TOTAL	\$ 0	

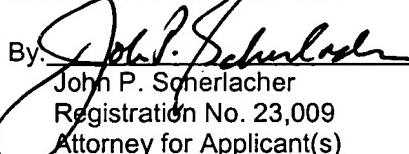
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: 
 John P. Scherlacher
 Registration No. 23,009
 Attorney for Applicant(s)

Date: October 14, 2003

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Appl. No. 09/721,056
Amdt. Dated October 14, 2003

Attorney Docket No. 81784.0215
Customer No.: 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Norio KOMA

Serial No.: 09/721,056

Confirmation No.: 5420

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Art Unit: 2877

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AMENDMENT

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Signature _____ Date 10/14/03

Dear Sir:

Pursuant to phone conversations with the Examiner, and in conjunction with the filing of a Request for Continued Examination filed on October 8, 2003, please amend the above-identified application as follows:

Amendments to the claims are reflected in the Listing Of Claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 19 of this paper.